



Complete Summary

TITLE

Diagnosis and management of asthma: percentage of patients with asthma with spirometry or peak flow meter reading documented in the medical record at the last visit.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of asthma. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Jan. 69 p. [83 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with asthma with spirometry or peak flow meter reading documented in the medical record at the last visit.

RATIONALE

The priority aim addressed by this measure is to promote the accurate assessment of asthma severity and control through the use of objective measures of lung function and symptoms.

PRIMARY CLINICAL COMPONENT

Asthma; spirometry; peak flow meter

DENOMINATOR DESCRIPTION

Total number of patients age five and older with asthma* who were continuously enrolled for six months

*Patients with a diagnosis code of 493.00, 493.01, 493.10, 493.11, 493.90, or 493.91

NUMERATOR DESCRIPTION

Number of patients with asthma with spirometry or peak flow meter reading documented* at the last visit

*Documented is defined as any evidence in the medical record that spirometry or peak flow reading was done at the last visit as recommended in the guideline (see the related National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICS] guideline [Diagnosis and Management of Asthma](#)).

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis and management of asthma](#).

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 5 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories**IOM CARE NEED**

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients age five and older diagnosed with asthma, continuously enrolled for six months

Data may be collected electronically using the claims/encounter database or the enrollment database. Medical groups should identify patients with asthma seen at the clinic. Each medical group can then generate a list of all eligible patients with asthma seen during the target month/quarter. A random sample of 20 charts can be chosen from this list. The eligible patients are those who are age five and older who have been diagnosed with asthma. The patient medical records are reviewed for any evidence that spirometry or peak flow meter reading was done at the last visit as recommended in the guideline (see the related National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICSI] guideline [Diagnosis and Management of Asthma](#)).

A minimum of 20 charts per month can be reviewed.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of patients age five and older with asthma* who were continuously enrolled for six months

*Patients with a diagnosis code of 493.00, 493.01, 493.10, 493.11, 493.90, or 493.91

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with asthma with spirometry or peak flow meter reading documented* at the last visit

*Documented is defined as any evidence in the medical record that spirometry or peak flow reading was done at the last visit as recommended in the guideline (see the related National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICSI] guideline [Diagnosis and Management of Asthma](#)).

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Percentage of patients with asthma with spirometry or peak flow meter reading documented in the medical record at the last visit.

MEASURE COLLECTION

[Diagnosis and Management of Asthma Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 Mar

REVISION DATE

2008 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Diagnosis and outpatient management of asthma. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Mar. 49 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of asthma. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Jan. 69 p. [83 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Patients with Asthma with Spirometry or Peak Flow Meter Reading Documented in the Medical Record at the Last Visit," is published in "Health Care Guideline: Diagnosis and Management of Asthma." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

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